

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-046601

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 1914A

STATE FILE NUMBER

VS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH  
a. COUNTY Greeneb. CITY (if outside corporate limits, give TOWNSHIP only)  
OR TOWN Springfield

Length of stay in 1b

6 daysc. FULL NAME OF (if NOT in hospital, give location)  
HOSPITAL OR INSTITUTION Baptist Hosp.Inside limits  
Yes ☒ No ☐2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE Missouri b. COUNTY Lacledec. CITY OR TOWN Lebanon Rural Inside Limits  
Yes ☐ No ☒d. STREET ADDRESS (If outside, give location)  
Rural Route # 4. Reside on Farm  
Yes ☒ No ☐3. NAME OF DECEASED (Type or print) First Middle Last  
Sherman Nelson Ruble4. DATE OF DEATH Month Day Year  
Dec. 26, 19625. SEX Male 6. COLOR OR RACE White7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐8. DATE OF BIRTH 2/16/1909 9. AGE (last birthday) 53  
IF UNDER 1 YEAR IF UNDER 24 HR  
Months Days Hours Min.10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
Farmer10b. KIND OF BUSINESS OR INDUSTRY  
Farm11. BIRTHPLACE (City and state or country)  
Laclede Co. Mo. U. S. A.13a. FATHER'S NAME  
William Henry Ruble13b. MOTHER'S MAIDEN NAME  
Lillie Lillard14. NAME OF HUSBAND OR WIFE  
Bertha15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)  
No16. SOCIAL SECURITY NO.  
[REDACTED]17. INFORMANT Address  
Bertha Ruble Rt 4 Lebanon Mo.18. CAUSE OF DEATH (Enter only one cause per line f  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Acute Bacterial meningitis

INTERVAL BETWEEN ONSET AND DEATH

4 days

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☐20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 12/22/62 to 12/26/62 and last saw her alive on 12/26/62  
Death occurred at 7:15 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county)

(State)

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

Dorsey M. Howe Lebanon Mo. 1-3-63Effie S. Melton

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

Permit Dec 26-62

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*Dorsey M. Howe*

Licensed Embalmer No. 4222

P. O. Address Lebanon, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.